DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY LETED
345126		B. WING			C 12/06/2018		
NAME OF PROVIDER OR SUPPLIER			1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 127	00/2010
MOUNT	LIVE OFNITED			2	28 SMITH CHAPEL ROAD		
MOUNTO	LIVE CENTER			M	OUNT OLIVE, NC 28365		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG	REGULATORT ORT	100 IDENTIL TINO IN ONWATION)	IAG		DEFICIENCY)		
		_					
F 925	Maintains Effective Po	est Control Program	F	925			12/21/18
SS=E	CFR(s): 483.90(i)(4)						
	§483.90(i)(4) Maintair	n an effective pest control					
	program so that the fa	acility is free of pests and					
	rodents.						
		is not met as evidenced					
	by: Based on observation	n, record review, and staff			"This Plan of Correction is prepared ar	nd	
		ailed to prevent insect			submitted as required by law. By		
	activity in the facility.	and to provent model			submitting this Plan of Correction, Mou	nt	
	, ,				Olive Center does not admit that the		
	The findings included	:			deficiency listed on this form exist, nor		
					does the Center admit to any statemen		
		vely intact resident #5			findings, facts, or conclusions that form		
	_	on 10/25/18 at 11:03am			the basis for the alleged deficiency. The		
		en insects in her room. She			Center reserves the right to challenge i		
	or would come from u	the insects in the bathroom			legal and/or regulatory or administrative proceedings the deficiency, statements		
		I she had made the facility			facts, and conclusions that form the ba		
	aware of the insect th	_			for the deficiency."		
					-		
		y member of cognitively residing in room #124 bed			F925E	l by	
		ed he had seen insects in his			While no specific resident was affected the deficient practice, the identified issu	-	
		n. He stated that he had			had the potential to affect residents and		
	•	re of his observation of			staff. Problem areas identified during t		
	insects in Resident #3				survey have been treated and are being		
					monitored for effectiveness.		
		vely intact Resident #6 who					
		B on 12/5/18 at 1:37pm			All residents have the potential to be		
		bserved insect activity in her			affected by the deficient practice. It is		
		at sometimes she would see			goal to keep the facility as free of pests		
		al and by her TV. She			possible. Routine pest control treatmen	าเร	
		acility was aware of the			are scheduled and special off-cycle	arv.	
	observed any.	me in and spray when she			treatments will be arranged as necessal when pests are observed.	ıı y	
	obbolivou ally.				Which peaks are observed.		
	Review of Grievance	log dated 10/16/18 indicated			Facility will continue with its contracted		
		concern that she had seen			pest control service with Eco-Lab and		
ADODATODY	•	SLIPPI IER REPRESENTATIVE'S SIGNATI IRE	<u> </u>		TITI F		(X6) DATE

12/19/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

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	345126	B. WING				
NAME OF BROWNER OF GURBLUER	343126	B: WillO_	0.TDEET ADDRESS OFT OTATE 710 00	•	12/06/2018	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
MOUNT OLIVE CENTER			228 SMITH CHAPEL ROAD			
MOON! CLIVE CENTER			MOUNT OLIVE, NC 28365			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
revealed room clear treated by the outs Review of the facilic correspondence re as "cockroach/rode serviced were 104, station 1 nurse state noted at the time of indicated not cockrothe inspection and summary for target breakroom- interior. Review of the facilic correspondence re as "cockroach/rode rodent or insect act inspection and or sindicated no cockrothe inspection and summary for the tastated bathroom/loginterior and patient. Review of the facilic correspondence re as Cockroach/rode rodent or insect act inspection and or singular for the target pest of bathrooms/locker, area and maintenate.	com 104). The actions taken and by housekeeping and ide pest control agency. Ities pe	F9	in-house staff will spot treat pareas as may be necessary. the Center Executive Director met with the Director of Dinir (DDS) to assure that dietary been trained to report any passon the issue can be promptly Identified problem areas will monitored. Dietary is compleweek pest audit to monitor in and to identify additional proper and to track improvement to measures are effective. Add Maintenance staff in conjunct general staff and the public a conducting audits 3 times pet throughout the building to as problems are promptly identified addressed. Pest control issued continue to be addressed in meetings and progress note escalated if desired results a achieved. Daily/Weekly audits will be reby the Management Team/C corrective actions will be initified immediately to resolve any in issues. Audits will continue and results will be reviewed QAPI meeting for a minimum months.	Additionally, or (CED) has any Services staff have est sightings or addressed. be closely eting a 5-day a dentified areas blem areas assure ditionally, etion with are er week esture any effed and elies will our daily staff d or protocols are not being eviewed daily ED and eliated dentified indefinitely monthly at the		

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		B. WING		1	C 2/06/2018		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE	
F 925	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FS	925			

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		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345126	B. WING _			C 12/06/2018	
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F 925	Continued From pag		FS	25			
	Maintenance Assista revealed he was una underneath the 2-co table. He indicated 60 insects under the sink/preparation tab	mpartment sink/preparation it had appeared to be at least · 2-compartment le.					
	Dietician on 12/5/18 had been discussed was unware of the in 2-compartment sink it appeared to be at observed on the war	and observation with the at 2:50pm revealed insects in morning meetings. She assects underneath the preparation table. She stated least a couple dozen insects al. She was unaware of where om but Indicted it could be earby floor drain.					
	During an interview and observation of the facility kitchen with the Director of Nursing (DON) on 12/5/18 at 2:57pm revealed she did get complaints from residents in regard to seeing insects in their rooms. When insects were observed she indicated it was her expectation that the maintenance be notified, and that maintenance contact the outside pest control agency. Upon observation underneath the 2-compartment sink/preparation table during the interview, the DON stated that there were too many insects to count. She indicated she was aware the resident had seen insects in their room, but she was unaware of insect activity in the kitchen.						
Interview with Housekeeping staff #1 on 12/6/18 at 8:28am revealed she occasionally saw insects in the facility when she performed cleaning rounds. She stated she would step on them and notify her supervisor or maintenance.							

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F 925	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 9.				
	During an interview at 1:00am revealed by the Maintenance insects located undesink/preparation tab activity would come the kitchen area durwas not in service.	t was his expectation that under sanitary conditions. with pest control on 12/6/18 he received a call on 12/5/18 Assistant in regard to the er the 2-compartment le he indicated that the insect and go. He sated serviced ing the night when the kitchen He further stated that he activity could be occurring					

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DA ⁻ COI	(X3) DATE SURVEY COMPLETED C 12/06/2018	
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F 925	Continued From page when food is delivere		F 925				